

HRSA Electronic Handbooks (EHB)
Submitting Patient Centered Medical Home (PCMH) – Facility Improvements (P-FI)
Applications for FY 2014 (HRSA-14-073)
A User Guide for Applicants

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This user guide describes the steps you need to follow to submit the FY 2014 Patient Centered Medical Home (PCMH) – Facility Improvements (P-FI) application to Health Resources and Services Administration (HRSA).

1. Starting the FY 2014 P-FI Application

You can complete and submit the FY 2014 P-FI application by following a 2-step process:

1. In the first step, you must find the funding opportunity in Grants.gov, download the application package and submit the completed application through Grants.gov.
2. In the second step, you must validate, complete and submit this application in the HRSA Electronic Handbooks (EHB).

Note: Refer to the HRSA Electronic Submission Guide available at <http://www.hrsa.gov/grants/apply/userguide.pdf> for more details related to submitting the application in Grants.gov and validating it in the EHB.

Once the application is validated in EHB, you can access it in your pending tasks. To access the application in EHB, follow the steps below:

1. After logging into EHB, click the Tasks tab on the EHB **Home** page to navigate to the **Pending Tasks – List** page.
2. Locate the P-FI application and click the **Edit** link to start working on the application in the EHB.
 - The system opens the overall **Status Overview** page of the P-FI application (**Figure 1**).

Figure 1: Accessing the Overall Status Overview Page

APPLICATION FORMS STATUS		
Section	Action	Status
Face Page		
Application	Update	NOT COMPLETE
Applicant	Update	NOT COMPLETE
Project	Update	NOT COMPLETE
Budget Summary	Update	NOT COMPLETE
Other Information		
Appendices	Update	NOT COMPLETE
Program Specific Information		
Program Specific Information	Update	NOT COMPLETE

The FY 2014 P-FI application consists of a standard and a program-specific section. You must complete the forms displayed in both of these sections in order to submit your application to HRSA.

2. Completing the standard SF-424 section of the application

The standard section of the application consists of a Face Page section that included the following forms:

- Application
- Applicant
- Project
- Budget Summary

The information in the Application, Applicant and Project forms is imported from Grants.gov and undergoes a data validation check. You may edit this information if necessary. The project information includes the project title, project periods, cities, counties, and Congressional districts affected by the project.

In the Budget Summary form, provide HRSA with information about funding needs for the proposed projects. Refer to the [Completing the Budget Summary Form](#) section of this document for details regarding updating this form.

Completing the Budget Summary Form

- Click the **Update** link for **Budget Summary** form on the overall **Status Overview** page.
 - The system navigates to the **Budget Information – Non Construction** form displaying the Section A – Budget Summary (**Figure 2**).

Figure 2: Budget Information for Support Year 1

BUDGET INFORMATION - NON CONSTRUCTION						STATUS: NOT COMPLETE	
Section A - Budget Summary							
Select	Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
			Federal	Non-Federal	Federal	Non-Federal	Total
<input checked="" type="radio"/>	Affordable Care Act Patient Centered Medical Home – Facility Improvements Grant Program	93.526			\$0.00	\$0.00	\$0.00
Update Budget Information 1			Total		\$0.00	\$0.00	\$0.00
						Save	Save and Continue

- Click the **[Update Budget Information]** button for Section A – Budget Summary (**Figure 2, 1**).
 - The system navigates to the **Section A – Budget Summary** form (**Figure 3**).
- Provide the Federal (**Figure 3, 1**) and Non Federal (**Figure 3, 2**) amounts for the P-FI projects under the New or Revised Budget and Non-Federal Resources sections.

Note: For the FY 2014 P-FI funding opportunity, you must enter \$0 for Program Income under the Non-Federal Resources section (**Figure 3, 3**).

Figure 3: Section A - Budget Summary form

SECTION A - BUDGET SUMMARY	
Grant Program Function or Activity	Affordable Care Act Patient Centered Medical Home – Facility Improvements Grant Program
CFDA Number	93.526
Estimated Unobligated Funds	
Federal	
Non-Federal	
New or Revised Budget	
* Federal 1	\$ <input type="text"/>
Non-Federal Resources 2	
Applicant	\$ <input type="text"/>
State	\$ <input type="text"/>
Local	\$ <input type="text"/>
Other	\$ <input type="text"/>
Program Income 3	\$ <input type="text" value="0"/>
Non-Federal Sub Total	0.00
Cancel	Save and Continue

- After providing the budget information, click the **Save and Continue** button on the **Budget Summary** form to proceed to the **Appendices** form.

3. Completing the Appendices form

- Upload the following standard attachments by clicking the associated **Attach File** buttons:

- Attachment 1-Budget Justification (Required)
- Attachment 2-Site Plan (Required)
- Attachment 3-Floor Plans/Schematic Drawings (Required)
- Attachment 4-Environmental Information and Documentation (EID) Checklist (Required)
- Attachment 5-Other Relevant Documents (As applicable)

Note: Examples of documents that you may upload in Attachment 5 – Other Relevant Documents are: Mockups, patient flow diagrams, or descriptions of how the project integrates with other modifications of health care delivery process organizational brochures, etc. Merge all additional documents into a single document and upload it here.

- After completing the **Appendices** form, click the **Save and Continue** button to navigate to the **Program Specific Status Overview** page.

4. Completing the Program Specific Section

If you are not already on the Program Specific Status Overview page, you can do so by following one of the options below:

- Click the **Program Specific Information** link on the left menu (**Figure 4, 1**), OR
- Click the **Update** link for the Program Specific Information section on the overall **Status Overview** page (**Figure 4, 2**)

Figure 4: Accessing the Program Specific Section

Program Specific Information

Review and Submit

[Review](#)

[Submit](#)

[Logout](#)

Original Announcement
(Includes Program Guidance)

[Update 1 for Original Announcement posted on 12/3/2013: testing.....](#) [View Details](#)

Assigned AO	N/A (One or more AO's currently registered. Assign AO)
Creator	Lorrie Kayler (The creator is responsible for managing peers for the application. Manage Peers)
Last Updated By	Lorrie Kayler on 12/3/2013 11:56:48 AM
Peer Information	No peers associated with this Application.

[View: Application](#)

APPLICATION FORMS STATUS		
Section	Action	Status
Face Page		
Application	Update	NOT COMPLETE
Applicant	Update	NOT COMPLETE
Project	Update	NOT COMPLETE
Budget Summary	Update	NOT COMPLETE
Other Information		
Appendices	Update	NOT COMPLETE
Program Specific Information	Update	NOT COMPLETE
Program Specific Information	Update	NOT COMPLETE

- The system navigates to the Program Specific **Status Overview** page (**Figure 5**).

The program specific section of the FY 2014 P-FI application consists of the following sections and forms:

- **Proposal Information**
 - **Proposal Cover Page**
 - **Assurances**
- **Project Information**
 - **Project(s)**

Figure 5: Program Specific Status Overview page

You are here: [Home](#) » [Tasks](#) » [Browse](#) » [Grant Application](#) » Program Specific Information []

TASKS << >>

Program Specific Information

Overview

Status Overview

Proposal Information

✓ [Proposal Cover Page](#)

✓ [Assurances](#)

Project Information

✗ [Project\(s\)](#)

Review

[Program Specific Forms](#)

All Forms

Overview

[Complete Status](#)

[Submit](#)

Status Overview

DEVELOPER: ALBANY AREA PRIMARY HEALTH CARE, INC. Due Date: 8/17/2014 (Due In: 62 Days) | Program Specific Status: Not Complete

Announcement Number: HRSA-14-073 Announcement Name: Affordable Care Act - PCMH – Facility Improvements (P-FI) Grant Program Application Type: New

Grant Number: Not Available Federal Amount requested in the SF-424 Budget Summary: \$100,000.00 Maximum Eligible Amount (x): \$250,000.00

Federal Amount Requested from all Projects(y): \$100,000.00 Balance Amount (x – y): \$150,000.00

Resources

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Section	Status	Options
Proposal Information		
Proposal Cover Page	✗ Not Started	Update
Assurances	✗ Not Started	Update
Project Information		
Project(s)	✗ Not Started	Update

Note: If you want to access the standard forms of the application while working on the program specific forms, you can do so by following one of these options:

- Click the [Grant Application](#) link in the navigation links displayed at the top of the page above the page name ([Figure 5, 1](#)).
- Expand the left menu if not already expanded and click the [Complete Status](#) link provided under the All Forms menu ([Figure 5, 2](#)).

4.1. Completing the Proposal Cover Page

1. On the program specific **Status Overview** page, click the [Update](#) link for **Proposal Cover Page** to access the form. You can also access the form by clicking the [Proposal Cover Page](#) link in the left menu.
 - The system navigates to the **Proposal Cover Page** form.
2. In the Applicant Eligibility section, select Yes to indicate that you are an existing grantee under the Section 330 Health Center Cluster program ([Figure 6, 1](#)).
3. Provide the correct active H80 grant number (in the format: H80CSXXXXX) to indicate the grant under which you are proposing the P-FI project ([Figure 6, 2](#)).

Note: You are ineligible to submit the FY 2014 P-FI application in the following scenarios:

- If you are NOT an active Section 330 grantee, OR
 - If you are an active Section 330 grantee and your Grant Period Start Date is on or after 10/1/2012.
4. In the Need section, six PCMH domains are displayed. Indicate if each domain is applicable to you by selecting the appropriate Yes or No options ([Figure 6, 3](#)).
 5. For every applicable PCMH domain, select one or more sub-domains ([Figure 6, 4](#)).

Note: You must select as applicable at least one of the six PCMH domains.

6. After responding to all the PCMH domains, provide a description in the comments box to define the need for the P-FI project (**Figure 6, 5**).

Figure 6: Proposal Cover Page – Applicant Eligibility, and Need sections

1. Applicant Eligibility

Is the applicant organization currently an existing health center under the Section 330 Program?

☐ Yes ☐ No **1**

If 'Yes' please provide the H80 grant number: (Example: H80CS00001) **2**

Note: An eligible applicant is a current grantee under section 330 of the Public Health Service Act.

2. Need

Identify the health center's current level of PCMH implementation. Describe the health center's overall needs, plans, and efforts to enhance health care delivery using the PCMH model. Describe how the existing facility directly poses a barrier to improving or enhancing service delivery using the PCMH model of care in one or more principle/domain areas.

PCMH 1: Enhance Access & Continuity

Is this domain applicable?

☐ Yes ☐ No **3**

If yes, identify one or more sub-topics for this domain:

☐ Select All

☐ 1a. Access During Office Hours **4**

☐ 1b. After-Hours Access

☐ 1c. Electronic Access

☐ 1d. Continuity

☐ 1e. Medical Home Responsibilities

☐ 1f. Culturally and Linguistically Appropriate Services

☐ 1g. The Practice Team

PCMH 2: Identify & Manage Patient Populations

Is this domain applicable?

☐ 6f. Report Data Externally

☐ 6g. Use Certified EHR Technology

Approximately 2 pages (Max 4000 Characters): 4000 Characters left.

5

7. Provide appropriate descriptions in the Response, Impact and Resources/Capabilities sections of the form (**Figure 7**).

Figure 7: Proposal Cover Page – Response, Impact, and Resources/Capabilities sections

3. Response

Describe how the proposed project will respond to the current facility barriers, address the needs identified in the principle/domain area and subtopic and enhance patient access and care in context of the PCMH model.

Approximately 2 pages (Max 4000 Characters): 4000 Characters left.

4. Impact

Describe how the project will create immediate and tangible benefits upon completion. As it relates to the PCMH model of care, describe expected outcomes in terms of improved efficiencies and potential enhancements in the quality of care and patient outcomes that would otherwise not be available in the health center's operations.

Approximately 2 pages (Max 4000 Characters): 4000 Characters left.

5. Resources/Capabilities

Describe how the health center has the appropriate knowledge, resources, and capabilities to successfully complete the proposed project (e.g., prior experience, project management capabilities). Describe how the project will fully comply with Federal procurement and project management requirements. Explain how the applicant organization will ensure the project will be completed on time (within the 2-year project period) and within budget (e.g., role of the board, management team, project team). Explain how any of the additional organizational costs (including operating costs, increases in utilities, daily maintenance and repair, and long term capital reinvestment for the project) resulting from the project will be maintained within the existing operational budget for the health center.

Approximately 2 pages (Max 4000 Characters): 4000 Characters left.

5

8. After completing the form, click the **Save and Continue** button to navigate to the **Assurances** form.

4.2. Completing the Assurances form

1. Click the **Download** link in the Download Template section to download the SF-424D Construction Assurances template (**Figure 8**).

Figure 8: Download link for the SF-424D Construction Assurances form

The screenshot shows a 'Download Template' section with a table. The table has three columns: Name, Description, and Options. The first row is for 'Assurances' with the description 'Template for Assurances' and a 'Download' button. Below the table, there is a section for 'Assurances (Minimum 1) (Maximum 1)' with an 'Attach File' button. At the bottom, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

2. A **Template – Download** page will be displayed, with instructions on how to save the document on your computer. Click the **Continue** button at the bottom of this page to continue with the download.
3. When prompted, select the 'Save' option to save the template on your computer.
4. Open the downloaded template and provide the following information on page 2 of the template:
 - Signature of Authorized Certifying Official (**Figure 9, 1**)
 - Title (**Figure 9, 2**)
 - Applicant Organization (**Figure 9, 3**)
 - Date Submitted (in MM/DD/YYYY format) (**Figure 9, 4**)

Figure 9: SF424D Construction Assurances Template

The screenshot shows the 'ASSURANCES - CONSTRUCTION PROGRAMS' form. It includes a 'View Burden Statement' button, OMB Number 4040-0009, and Expiration Date 06/30/2014. A public reporting burden statement is provided. A note states: 'PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.' A 'NOTE' section explains that certain assurances may not be applicable. The form requires the applicant to certify that they are the duly authorized representative and to provide the following information:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management, and completion of project described in the award and acquisition is \$10,000 or more.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of the SF-424D Construction Programs.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

The form includes four numbered red boxes indicating required information:

1. SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL
2. TITLE
3. APPLICANT ORGANIZATION
4. DATE SUBMITTED

The form is labeled 'SF-424D (Rev. 7-97) Back'.

5. To upload the updated Assurances template, click the **Attach File** button provided in the **Assurances** section on the form (**Figure 10, 1**).
 - The system displays an attachment panel with the **Browse** and **Upload** buttons.
6. Click the **Browse** button to navigate to the location where the updated Assurances template that you want to upload in the form, is saved and select the template (**Figure 10, 2**).
7. Click the **Upload** button (**Figure 10, 3**) to attach the document to the form.
 - The system displays the attached document in the **Assurances** section.

Figure 10: Attach File section to upload the completed Assurances document

Note: If you wish to delete the uploaded document, expand the options under Assurances section by clicking the down arrow key and then click the **Delete** button (**Figure 11, 1, 2**). On the resulting page, confirm the delete action by clicking the **Confirm** button.

Figure 11: Delete link to delete the Assurances attachment

8. After completing the **Assurances** form, click the **Save and Continue** button to save your work and proceed to the **Project(s)** form.

4.3. Completing the Project(s) form

You must propose one 'Alteration or Renovation (A/R)' or 'Construction/Expansion' project on the **Project(s)** form. To propose a project, follow the steps below:

1. Click the **Add Project** button on the **Project(s)** form (**Figure 12**).
 - The system navigates to the **Projects – Add** page.

Figure 12: Project(s) Form

2. On the **Projects – Add** page, select a Project Type (**Figure 13, 1**) and provide the Project Title.

Figure 13: Projects – Add Page

Notes: Information on the project types allowed in the P-FI application is as follows:

Alteration or renovation (A&R): Project types include work required to modernize, improve, and/or reconfigure the interior arrangements of an existing facility; work to improve and/or replace exterior envelope; work to improve accessibility (such as sidewalks and ramps) and/or life safety requirements in an existing facility. This type of project would not increase the total square footage of an existing building, and does not require ground disturbance or footings. This type of project may include the purchase of related moveable equipment¹.

Construction/Expansion: Project types include expansion of an existing structure to increase the total square feet of a facility². Construction projects may include use of a permanently affixed modular or prefabricated building and the purchase of related moveable equipment.

1 - Moveable equipment includes non-expendable items with a useful life of more than one year that are not permanently affixed (such as generators, heating and cooling systems, and wiring) and can be easily moved, such as x-ray equipment, freezers, autoclaves, furniture, and administrative equipment, (i.e., computers, servers, telephones, fax machines, copying machines, software)), and special purpose equipment used for medical activities (e.g., stethoscopes, blood pressure monitors, scales, electronic thermometers). Office supplies (e.g., paper, pencils, toner, etc.); medical supplies (e.g., syringes, blood tubes, plastic gloves, etc.), and educational supplies (e.g., pamphlets, educational videotapes, etc.) are not defined as moveable equipment and are unallowable.

2 - If a proposed facility expansion project also includes alteration/renovation to the existing structure, this would be considered a single construction project.

3. Click the **Save and Continue** button on the **Projects – Add** page.
 - The system navigates to the **Project Qualification Criteria** page.
4. On the **Project Qualification Criteria** page, answer all the questions by selecting appropriate options and providing comments as applicable (**Figure 14, 1, 2**).
5. Check the certification box to certify that the answers you provided on this form are correct (**Figure 14, 3**).

Note: You will be able to check the certification box only if you have provided answers to the questions displayed on this form correctly and there are no validations triggered on these questions.

Figure 14: Project Qualification Criteria Page

Project Qualification Criteria

Due Date: 10/17/2014 (Due In: 43 Days) | Section Status: Not Started

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Project Information

Project Tracking Number	11-12-100-00	Project Type	Alteration and renovation (A&R)
Project Title	Test project 1	Amount requested in this project	\$0.00

Fields with * are required

* 1. Is the proposed project occurring at one active service delivery site or administrative/service delivery site that is within the health center's currently approved scope of project under the 330 program (i.e., listed on Form 5B)?

☐ Yes ☒ No **1**

If 'No', provide the description.
Approximately 1/4 page (Max 500 Characters): 500 Characters left.

2

* 2. Will the proposed project occur at a site that has an active HRSA grant that supports construction (i.e., new construction, expansion, or alteration/renovation/repair projects)?

☐ Yes ☐ No

If 'Yes', provide the description.

3

* Certification **3**

☐ certify that the above statements are accurate and true.

Cancel Save Save and Continue

6. Click the **Save and Continue** button on the **Project Qualification Criteria** page.

- The system navigates to the **Project(s)** page and displays the project you just added (**Figure 15, 1**).

Figure 15: Project(s) Page displaying the Newly Added Project

Project(s)

Due Date: 10/17/2014 (Due In: 43 Days) | Section Status: Not Complete

Resources

View
FY 2014 PCMH User Guide | Funding Opportunity Announcement

Add Project **2**

Project Tracking Number	Project Title	Project Type	Requested Amount	Status	Options
1 11-12-100-00	Test project 1	Alteration and renovation (A&R)	Not Available	Not Complete	4 Update Project Details 3

Go to Previous Page Save and Continue

Note: You will be able to propose just one project in this FY 2014 P-FI application. Once you add the project, the **Add Project** button on the **Project(s)** page will be disabled. (**Figure 15, 2**).

7. The status of the project added will be Not Complete (**Figure 15, 3**) as you are required to provide information for project specific forms. In order to complete the project information, click the **Update Project Details** link (**Figure 15, 4**).

- The system navigates to the **Project Status Overview** page displaying the list of project specific forms that you are required to complete. Notice that a left menu for the Project forms listing all the project forms is displayed at this time (**Figure 16, 1**). To work on any of the project forms, you can follow any of the options below:

- Click the **Update** link related to the form (**Figure 16, 2**), or
- Click the form's link in the Projects left menu.

The project specific forms that you are required to complete are as follows:

- Project Qualification Criteria
- Project Cover Page
- Budget (SF-424C)
- Funding Sources
- Equipment List
- Form 5B - Service Sites
- Other Requirements for Sites

Figure 16: Project Status Overview page

Project Status Overview

DEVELOPER: ALBANY AREA PRIMARY HEALTH CARE, INC. Due Date: 10/15/2014 (Due In: 10 Days) | Section Status: Not Complete

Announcement Number: HRSA-14-077 Grant Program: Affordable Care Act - PCMH – Facility Improvements (P-FI) Application Type: New

Grant Number: Not Available Federal Amount requested in the SF-424 Budget Summary: \$1,000,000.00 Maximum Eligible Amount (x): \$250,000.00

Federal Amount Requested from all Projects(y): \$1,000,000.00 Balance Amount (x - y): \$250,000.00

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Program Specific Information Status		
Section	Status	Options
Basic Information		
Project Qualification Criteria	Not Started	Update
Project Cover Page	Not Started	Update
Budget Information		
Budget (SF-424C)	Not Started	Update
Funding Sources	Not Started	Update
Equipment Information		
Equipment List	Not Started	Update
Site Information		
Form 5B - Service Sites	Not Started	Update
Other Requirements for Sites	Not Started	Update

Acceptable Use Policy | Accessibility | Site Map (Coming Soon) | Viewers And Players | Contact Us

Product: GAAM | Platform #: 2.32.0.2 | Build #: 1.7.0.55 | Environment: UTL10

Last Login: 01/06/14 3:21:00 PM ET

HRSA

3.3.1. Project Qualification Criteria

This form will have the status of Complete after you provide complete information and certify that the information you provided is correct while adding the project.

If this form is Not Complete due to incomplete information or if you want to update the previously provided details, you can do so by clicking the [Update](#) link for **Project Qualification Criteria** form on the **Project Status Overview** form or by clicking on this form name in the Projects left menu. Provide complete information on this form and click the **Save and Continue** button to proceed to the **Project Cover Page** form.

If the Project Qualification Criteria form is Complete or you do not wish to update this form at this time, you can directly navigate to the Project Cover Page by clicking the related Update link on the **Project Status Overview** form or by clicking on this form name in the Projects left menu.

Note: If you choose to update the Project Qualification Criteria form when it is Complete, the certification box will be unchecked when you access the form. You must re-certify the information provided on this form by checking the certification box again and saving the form.

3.3.2. Project Cover Page

Complete the **Project Cover Page** by following the steps below:

1. Review the Project Information details. You may update the Project Title if necessary ([Figure 17, 1](#)).

Figure 17: Project Cover Page – Project Information section

Project Information			
Project Tracking Number	11-12-100-000	Project Type	Alteration and renovation (A&R) 2
Project Title	Test project 1 1	Amount requested in this project	\$0.00

Notes:

- You will be able to update the Project Title only on the **Project Cover Page** form. This field will be non-editable on any other project specific form.
- You cannot update the Project Type once the project is created ([Figure 17, 2](#)). If you wish to include a different Project Type, you must delete the current project on the **Project(s)** form. To do so, follow the steps provided in the [Deleting the Project](#) section of this user guide.

2. Provide complete information in the remaining sections of the form ([Figure 18](#)).
3. Click the **Save and Continue** button to proceed.

Figure 18: Project Cover Page - Remaining sections

*** 1. Site Information**

Improved Project Square Footage:

*** 2. Project Description**

Provide a detailed description of the scope of work (all project components) involved in the project. Indicate where the project involves the construction of new facilities, or the renovation of existing ones. Describe each of the project components in terms of dimensions, quantities, capacities, square footage, etc. Identify the proposed method of construction. Describe how the major clinical and non-clinical spaces will be improved from the project. The description should also list major improvements, such as permanently affixed equipment to be installed; modifications and repairs to the building exterior (including windows); heating, ventilation and air conditioning (HVAC) modifications (including the installation of climate control and duct work); electrical upgrades; plumbing work; and improvements/additions to parking lots.

Indicate whether construction procurement shall be done through competitive bid or other method. Indicate if any portion of the project is to be done by design/build, construction management at risk, by the applicant's

*** 4. Project Timeline**

Provide an overall project schedule, including the number of months for each of the following critical milestones within the two-year budget/project period (24 months): planning, design period, obtain required permits and/or variances, meet Federal environmental and historic preservation requirements, solicitation of bids and awarding of contracts, alteration/renovation or construction period, and expected project completion date. Describe the current status of the project including any steps that may have been accomplished to date and identify the person or entity accountable for each milestone.

Project Completion Date: (MM/YYYY)

Approximately 1 page (Max 2000 Characters): 2000 Characters left.

[Go to Previous Page](#) [Save](#) [Save and Continue](#)

Deleting the Project

To delete the P-FI project, follow the steps below:

1. Expand the left menu if not already expanded by clicking the double arrow icon (**Figure 19, 1**).
2. Click the **Project(s)** link in the Program Specific Information left menu (**Figure 19, 2**).

Figure 19: Project(s) link in the Left Menu

ALL TASKS 1

Projects

Overview

[Project Status Overview](#)

Basic Information

[Project Qualification Criteria](#)

Project Cover Page

Budget Information

[Budget \(SF-424C\)](#)

[Funding Sources](#)

Equipment Information

[Equipment List](#)

Site Information

[Form 5B](#)

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Project Information

Project(s) 2

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All Forms

Overview

[Complete Status](#)

[Submit](#)

Project Cover Page

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Fields with * are required

Project Information

Project Tracking Number	112188-00	Project Type	Alteration and renovat
Project Title	Test project 1	Amount requested in this project	\$0.00

*** 1. Site Information**

Improved Project Square Footage:

*** 2. Project Description**

Provide a detailed description of the scope of work (all project components) involved in the project. Indicate where the project involves the construction of new facilities, or the renovation components in terms of dimensions, quantities, capacities, square footage, etc. Identify the proposed method of construction. Describe how the major clinical and non-clinical spaces will be improved from the project. The description should also list major improvements, such as permanently affixed equipment to be installed; modifications and repairs to the building exterior (including windows); heating, ventilation and air conditioning (HVAC) modifications (including the installation of climate control and duct work); electrical upgrades; plumbing work; and improvements/additions to parking lots.

Indicate whether construction procurement shall be done through competitive bid or other method. Indicate if any portion of the project is to be done by design/build, construction management at risk, by the applicant's whether a third party construction manager will be used.

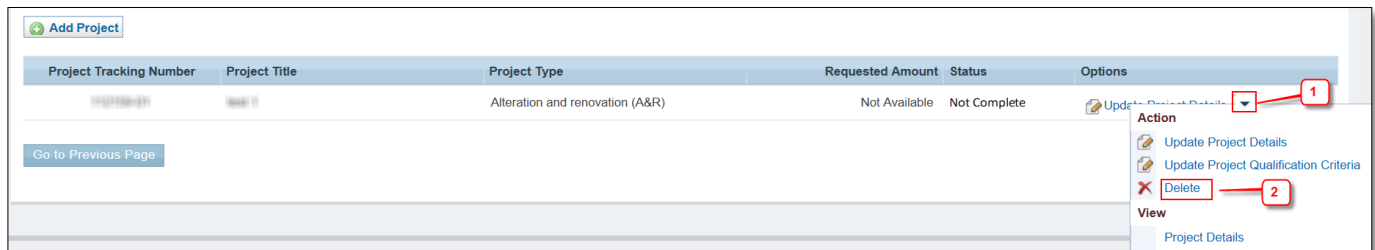
Clearly describe the extent to which sustainability principles and green building practices will be incorporated into the facility design and equipment purchases (e.g., using project materials, equipment selection, etc.). Clearly describe how the applicant will reduce the project's potential adverse impacts on the environment.

Approximately 2 pages (Max 4000 Characters): 4000 Characters left.

3. Project Management

- The system navigates to the **Project(s)** form.
- 3. On the **Project(s)** form, for the added project, expand the options by clicking the down arrow key and then click the **Delete** link (Figure 20, 1, 2).
- 4. On the resulting page, confirm the delete action by clicking the **Confirm** button.
 - The system deletes the P-FI project from the application.

Figure 20: Delete link to delete the P-FI Project



3.3.3. Budget (SF-424C)

On the **Budget (SF-424C)** form, you must distribute your project costs across the cost classification categories displayed and also provide your request for federal funds for the project. To complete the **Budget (SF-424C)** form, follow the steps below:

1. For every cost classification displayed in rows 1 to 11 and row 13, provide the Total Cost and Cost Not Allowable for Participation values (Figure 21, 1, 2).
2. Rows 12, 14 and 16 display the system calculated values. These are non-editable and will be calculated in these rows when you click any **Calculate** button for these rows (Figure 21, 3).

Notes:

- You cannot provide cost information for row 15, Project (program) Income, in this FY 2014 P-FI application. This row will be non-editable.
- For each cost classification, enter a positive number with up to 2 decimal places in the columns Total Costs (a) and Costs Not Allowable for Participation (b). Providing information for all the applicable cost classifications on this form is mandatory. If you do not wish to include costs for a cost classification, enter 0 in both these columns.
- The Costs Not Allowable for Participation should be less than or equal to the Total Costs reported for any cost classification.

3. The Total Allowable Costs value for all cost classifications is also a system calculated value and will be non-editable (Figure 21, 4). The dollar amounts in this column will be calculated when you save this form or when you click the **Calculate** buttons for rows 12, 14 or 16. To calculate this amount, the following formula is applied:

$$\text{Total Allowable Costs} = \text{Total Costs} - \text{Costs Not Allowable for Participation}$$

Figure 21: Budget (SF-424C) form

Serial Number	Cost Classification	Total Cost (a) 1	Costs Not Allowable for Participation (b) 2	Total Allowable Costs (c = a - b) 4
* 1	Administrative and legal expenses			\$0.00
* 2	Land, structures, rights-of-way, appraisals, etc.			\$0.00
* 3	Relocation expenses and payments			\$0.00
* 4	Architectural and engineering fees			\$0.00
* 5	Other architectural and engineering fees			\$0.00
* 6	Project inspection fees			\$0.00
* 7	Site work			\$0.00
* 8	Demolition and removal			\$0.00
* 9	Construction			\$0.00
* 10	Equipment 5			\$0.00
* 11	Miscellaneous 6			\$0.00
12	SUBTOTAL (sum of lines 1-11) Calculate 3	\$0.00	\$0.00	\$0.00
* 13	Contingencies 7			\$0.00
14	SUBTOTAL (sum of lines 12 and 13) Calculate	\$0.00	\$0.00	\$0.00
15	Project (program) income	\$0.00	\$0.00	\$0.00
16	TOTAL PROJECT COSTS Calculate	\$0.00	\$0.00	\$0.00
* 17	Federal assistance requested Calculate Federal Percentage Share :			

Notes:

- Cell 16c displays the Total Allowable Project Costs. This value should be greater than 0.
- The Total Allowable Costs for row 10, Equipment, should be less than or equal to 50% of the Total Allowable Project Costs, i.e. the value in cell 16c (**Figure 21, 5**).
- For row 11, Miscellaneous, do not include any items that meet the definition of moveable equipment under this funding opportunity (**Figure 21, 6**).
- The Total Allowable Costs for row 13, Contingencies, should be less than or equal to 5% of the sum of the Total Allowable Project Costs for Site Work (7c), Demolition and removal (8c), and Construction (9c) (**Figure 21, 7**).

4. In cell 17c of row 17, provide the federal funds assistance you need for the P-FI project.

5. Click the **Calculate Federal Percentage Share** button to view the percentage of your federal funds request as compared to the Total Allowable Project Costs.

Figure 22: Provide Federal Assistance Requested

16	TOTAL PROJECT COSTS Calculate	\$260,000.00	\$20,000.00	\$240,000.00
* 17	Federal assistance requested 2			
	Calculate Federal Percentage Share : 83.00 %		1	\$200,000.00

Notes: The federal funds requested in cell 17c must meet all of the following criteria:

- This request should be equal to or less than the Total Allowable Project Costs, i.e. the value in cell 16c, AND
- The maximum federal funds assistance that can be requested in this FY 2014 P-FI application is \$250,000. So this request in cell 17c should also be less than or equal to \$250,000, AND
- This request should also be equal to the New or Revised Federal Budget amount you provided in the Budget Summary standard form of this application.

To update this information on the standard **Budget Summary** form, navigate to the standard section of the application by using the [Grant Application](#) link in the navigation links displayed at the top of the **Project(s)** form or the [Complete Status](#) link in the All Forms left menu.

Then follow the steps provided in the [Completing the Budget Summary Form](#) section of this user guide.

- After completing the **Budget (SF-424C)** form, click the **Save and Continue** button to proceed.

3.3.4. Funding Sources

If the Federal Assistance Requested in cell 17c of the **Budget (SF-424C)** form is less than the Total Allowable Project Costs in cell 16c of the **Budget (SF-424C)** form, you must distribute the balance project costs across the other funding sources listed on the **Funding Sources** form.

To complete the **Funding Sources** form, follow the steps below:

- Review the dollar amounts displayed in the Funding Sources Information section ([Figure 23, 1](#)). These values are non-editable and are pre-populated from the information you provided **Budget (SF-424C)** form. If you wish to update these values, you can do so by navigating to the **Budget (SF-424C)** form.
- In the Other Funding Sources section, distribute the balance project costs, i.e. the costs for which you did not request federal assistance, across the other funding sources listed ([Figure 23, 2](#)). To distribute this amount, provide the Amount Secured, Amount Committed and Amount Forthcoming values for all the funding sources ([Figure 23, 3, 4, 5](#)).

Figure 23: Funding Sources

Funding Sources Information					
1. Total Project Cost (From cell 16c of Budget form) ⓘ		\$240,000.00			
2. Federal Grant Requested (From cell 17c of Budget form)		\$200,000.00			
3. Other Funding Sources ⓘ	Amount Secured (a) ⓘ	Amount Committed (b) ⓘ	Amount Forthcoming (c) ⓘ	Amount Forthcoming (d = a + b + c)	
* 3a. State Grants ⓘ	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	
* 3b. Local Funding ⓘ	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	
* 3c. Other Federal Funding ⓘ	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	
* 3d. Private/Third Party Funding ⓘ	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	
* 3e. Other Project Financing ⓘ	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	
Total Other Funding Sources <input type="button" value="Calculate"/>	\$0.00	\$0.00	\$0.00	\$0.00	

Go to Previous Page

Notes:

- For each funding source, enter a positive number with up to 2 decimal places in the columns Amount Secured (a), Amount Committed (b) and Amount Forthcoming (c). Providing information for all the Other Funding Sources displayed on this form is mandatory. If you do not wish to distribute the balance of the project costs across a funding source, enter 0 in all the 3 columns.
- If the Federal Assistance Requested in cell 17c is equal to the Total Allowable Project Costs in cell 16c of the **Budget (SF-424C)** form, there will be no balance total costs remaining to be distributed across the Other Funding Sources. In this case, enter 0 in all the 3 columns listed in the Other Funding Sources section of the Funding Sources form.

- The values displayed in the Total Other Funding Sources row are system calculated. These are non-editable and will be calculated for this row when you click the related **Calculate** button ([Figure 24, 1](#)).

4. The Total Forthcoming value for all other funding sources is also a system calculated value and will be non-editable (**Figure 24, 2**). The dollar amounts in this column will be calculated when you save this form or when you click the **Calculate** button for the Total Other Funding Sources row. To calculate this amount, the following formula is applied:

$$\text{Total Forthcoming} = \text{Amount Secured} + \text{Amount Committed} + \text{Amount Forthcoming}$$

Figure 24: Funding Sources form with Distribution of Balance Project Costs

Funding Sources Information				
1. Total Project Cost (From cell 16c of Budget form) ⓘ		\$240,000.00		
2. Federal Grant Requested (From cell 17c of Budget form)		\$200,000.00		
3. Other Funding Sources	Amount Secured (a)	Amount Committed (b)	Amount Forthcoming (c)	Amount Forthcoming (d = a + b + c) ⓘ 2
* 3a. State Grants ⓘ	\$5,000.00	\$5,000.00	\$0.00	\$10,000.00
* 3b. Local Funding ⓘ	\$7,000.00	\$0.00	\$3,000.00	\$10,000.00
* 3c. Other Federal Funding ⓘ	\$0.00	\$0.00	\$0.00	\$0.00
* 3d. Private/Third Party Funding ⓘ	\$10,000.00	\$0.00	\$0.00	\$10,000.00
* 3e. Other Project Financing ⓘ	\$10,000.00	\$0.00	\$0.00	\$10,000.00
Total Other Funding Sources Calculate ⓘ 1	\$32,000.00	\$5,000.00	\$3,000.00	3 \$40,000.00

Notes:

- The Total Allowable Project Costs in cell 16c of the **Budget (SF-424C)** form should be equal to the sum of the Federal Assistance Requested in cell 17c of the **Budget (SF-424C)** form and the grand Total Forthcoming amount of all the other funding sources on the Funding Sources form (**Figure 24, 3**).
- The Total Forthcoming amount proposed for the 'State Grants' row should be equal to the 'State' funding you proposed under the Non-Federal Resources section of the **Budget Summary** standard form. Similarly, the Total Forthcoming amounts proposed for 'Local Funding' and 'Other Federal Funding' rows should be equal to the 'Local' and 'Other' funding you proposed under the Non-Federal Resources section of the **Budget Summary** standard form respectively (**Figure 25**).
- The sum of the Total Forthcoming amounts proposed for Private/Third Party Funding and Other Project Financing rows on this form should be equal to the 'Applicant' funding proposed under the Non-Federal Resources section of the **Budget Summary** standard form (**Figure 25**).

Please note that to update information on the standard **Budget Summary** form, you will need to navigate to the standard section of the application. Then follow the steps provided in the [Completing the Budget Summary Form](#) section of this user guide.

Figure 25: Non-Federal Resources section of the standard Budget Summary form

New or Revised Budget	
* Federal	\$ 200000
Non-Federal Resources	
Applicant	\$ 20000
State	\$ 10000
Local	\$ 10000
Other	\$ 0
Program Income	\$ 0
Non-Federal Sub Total	40000.00

5. After completing the **Funding Sources** form, click the **Save and Continue** button to proceed.

3.3.5. Equipment List

Note: You are required to add equipment information on **Equipment List** form, if you identify equipment costs in the Total Allowable Costs for row 10, Equipment, on the **Budget (SF-424C)** form. The status of this form will be Complete when the Total Price of equipment added on this form is equal to the Total Allowable Costs for the Equipment cost classification on the **Budget (SF-424C)** form of this application.

If you do not identify equipment costs on the **Budget (SF-424C)** form, you must not add equipment on **Equipment List** form.

To add equipment on this form, follow the steps below:

1. Click the **Add** button to add a piece of equipment (**Figure 26**).

Figure 26: Equipment List form

- The system navigates to the **Equipment Information – Add Page** (**Figure 27**). Fields marked with an asterisk (*) are required.

Figure 27: Equipment Information - Add Page

2. Select an equipment type and enter the Description, Unit Price (\$), and Quantity.
3. Click the **Save and Continue** button at the bottom of the screen after adding these details. (**Figure 28**).

- The system navigates to the Equipment List page and displays the equipment you just added along with the calculated **Total Price** (**Figure 28**).

Figure 28: Equipment List Page (With Equipment Added)

Note: Moveable equipment includes non-expendable items with a useful life of more than one year that is not permanently affixed (such as generators, heating and cooling systems, and wiring) and can be easily moved, such as x-ray equipment, freezers, autoclaves, furniture and administrative equipment (i.e., computers, servers, telephones, fax machines, copying machines, software), and special purpose equipment used for medical activities (e.g., stethoscopes, blood pressure monitors, scales, electronic thermometers). Administrative equipment, such as servers and computers, should be categorized as non-clinical. Office supplies (e.g., paper, pencils, toner), medical supplies (e.g., syringes, blood tubes, plastic gloves), and educational supplies (e.g., pamphlets, educational videotapes) are not defined as moveable equipment and are unallowable.

4. After completing this form, click the **Save and Continue** button to proceed.

3.3.6. Form 5B – Service Sites

On the **Form 5B: Service Sites** form, you are required to select an active service delivery site or administrative/service delivery site that is within your current approved H80 scope of project. To pick a site from your scope in this form, follow the steps below:

1. Click the **Pick Site from Scope** button displayed above the Existing Sites in Scope section ([Figure 29](#)).

Figure 29: Pick Site from Scope button on Form 5B

Pick Site from Scope

Existing Sites in Scope

No sites added

Go to Previous Page

SaveSave and Continue

- The system navigates to the **Select Site from Scope** form and displays the list of active sites in the scope of the H80 grant you provided in the Applicant Eligibility section of the **Proposal Cover Page** form of this application (**Figure 30**).

Note: You will be able to pick a site from your H80 scope only if you have provided a correct active H80 grant number associated with your organization on the Proposal Cover Page form of this application. Otherwise, you will not be able to click the **Pick Site from Scope** button in order to complete Form 5B.

Figure 30: Select Site from Scope form

Select Site from Scope

Site Name	Site Address	Service Site Type	Location Type	Options
TRULAND HEALTH CENTER	800 N. Beach Street, Truland, LA 71382-0000	Service Delivery Site	Permanent	1 Select this Site
GREENVILLE HEALTH CENTER	800 N. 34th St, Greenville, LA 71603-0000	Service Delivery Site	3 1. This site is a Mobile Van site and cannot be proposed in the current application.	2 Select this Site
NORTHCHANDLER OUTPATIENT MEDICAL CENTER	1040 Broadmoor Springs Drive, Northchandler, LA 71407-4079	Service Delivery Site		Select this Site

- To select a site, click the **Select this Site** link provided under the Options column (**Figure 30, 1**).

Notes: The system allows you to select only the sites of 'Service Delivery' or 'Administrative/Service Delivery' type in your H80 scope with an Active status. You will also be able to select confidential and non-confidential sites on this form.

The system disables the [Select this Site](#) link (**Figure 30, 2**) for the sites under any of the categories mentioned below. You will not be able to select such a site location on this page:

- If the site is an 'Admin-only' site.

- If the site is a 'Mobile Van' site.
- If the site is operated by a 'sub-recipient' or a 'contractor'.
- If the site has the Pending Verification status.
- If the site is terminated.

In any of these cases, the reasons for which the site is being disabled will be displayed when you hover over the disabled [Select this Site](#) link (**Figure 30, 3**).

- The system navigates to the **Form 5B** list page and displays the site you just selected under the Existing Sites in Scope section (**Figure 31**).

Figure 31: Site added to Form 5B

Site Name	Physical Address	Service Site Type	Location Type	Options
LAWRENCE MEDICAL CENTER	400 Johnson St. SE, Lawrence, GA 30040-1500	Service Delivery Site	Permanent	Delete

Buttons: Go to Previous Page, Save, Save and Continue

Notes:

- You will be able to add only **one** site in Form 5B in this FY 2014 P-FI application. After you add a site, the **Pick Site from Scope** button will be disabled (**Figure 31, 1**).
- After adding the site, you can delete it if you want to add a different site. To delete a site, click the **Delete** link under options (**Figure 31, 2**). On the resulting page, confirm the delete action by clicking the **Confirm** button.
- **For grantees with multiple active H80 grant numbers** - If you update the H80 grant number on the **Proposal Cover Page** form after completing **Form 5B**, **Form 5B** will be reset and you will be required to pick a site again from the approved scope of the new H80 grant number.

- After completing **Form 5B**, click the **Save and Continue** button to proceed.

3.3.7. Other Requirements for Sites

On the **Other Requirements for Sites** form, you must provide additional information related to the site you selected in Form 5B. To complete this form, follow the steps below:

- Indicate if the site you selected in **Form 5B** is 'Owned' or 'Leased' property by answering question 1 (**Figure 32, 1**).
- If you added an 'Alteration and Renovation (A&R)' type of project, answer questions 2a through 2e under the Cultural Resource Assessment and Historic Preservation Considerations section (**Figure 32, 2**).

Note: If you added a 'Construction/Expansion' type of project, questions 2a through 2e are not applicable to you. These questions will be disabled in this case.

Figure 32: Other Requirements for Sites

★ 1. Site Control and Federal Interest 1

Identify current status of property site (If 'Leased', please provide Landlord letter of Consent.)

☐ Owned ☐ Leased

★ 2. Cultural Resource Assessment and Historic Preservation Considerations 2

2a. Was the project facility constructed prior to 1975?

☐ Yes ☐ No

2b. Is the project facility 50 years or older?

☐ Yes ☐ No

2c. Does the overall proposed project include:

- any renovation/modification to the exterior of the facility (including the installation of new signage), or
- ground disturbance activities (including installation of permanent access ramps, utility work, installation of curb cuts, fencing, and parking)?

☐ Yes ☐ No

2d. Does the project involve renovation to a facility or site that is historically, culturally, or architecturally significant?

☐ Yes ☐ No

2e. Is the site located on current or historic Native American, Alaskan Native, Native Hawaiian, or equivalent, culturally significant land?

☐ Yes ☐ No

3. Under the Attachments section, attach the requested attachments by following the steps below:
 - A. Click the **Attach File** button for the attachment you want to upload (Figure 33, 1).
 - B. Click the **Browse** button to locate and select the document you want to upload (Figure 33, 2).
 - C. After selecting the document, click the **Upload** button to finally upload the document (Figure 33, 3).

Figure 33: Other Requirements for Sites - Attachments

Attachments

Upload the Landlord Letter of Consent document only if you indicated that the property status is 'Leased' in question 1 of this form. Otherwise, do not upload the document.

▼ Landlord Letter of Consent (Minimum 0) (Maximum 1) 1 **Attach File**

★ Document

Allowable Document Types: doc, rtf, txt, wpd, pdf, xls, msg, jpg, jpeg, tif, xfd, xlsx, docx, ppt
Allowable Document Size: 100 MB

Browse... 2

Approximately 1/4 page (Max 500 Characters): 500 Characters left.

Description

Upload **Cancel** 3

No documents attached

▼ ★ Property Information (Minimum 1) (Maximum 1) **Attach File**

No documents attached

Notes:

- You must upload the Landlord Letter of Consent attachment only if you indicated that the site is a 'Leased' property in question 1. Otherwise, you will not be allowed to upload this attachment.
- You must upload a Property Information attachment irrespective of the answer you selected in question 1 of this form.

- For any type of attachment, only one document may be uploaded.
- If you pick a different site on **Form 5B** after updating the **Other Requirements for Sites** form, the **Other Requirements for Sites** form information will be reset and you will be required to complete this form for the new site added in **Form 5B**.

4. After completed **Other Requirements for Sites** form, click the **Save and Continue** button.

- The system navigates to the **Project(s)** form and displays the status of the project as Complete (**Figure 34**).

Figure 34: Project with Complete status

The screenshot shows the 'Projects' form. At the top, there is a header 'Projects' with a plus icon and an 'Add Project' button. Below this is a table with columns: Project Tracking Number, Project Title, Project Type, Requested Amount, Status, and Options. A single project is listed with the status 'Complete', which is highlighted with a red box. Below the table, there is a 'Go to Previous Page' button on the left and a 'Save and Continue' button on the right, also highlighted with a red box.

5. Reviewing and Submitting the P-FI Application to HRSA

To review the standard and program specific application forms, follow the steps below:

1. Navigate to the standard section of the application using the **Grant Application** link in the navigation links displayed at the top of the **Project(s)** form or the **Complete Status** link in the All Forms left menu.
2. On the overall **Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (**Figure 35**).

Figure 35: Review link

The screenshot shows a vertical menu with the following items: 'Appointments', 'Program Specific Information', 'Program Specific Information', 'Review and Submit', 'Review', and 'Submit'. The 'Review' link is highlighted with a red box.

- The system navigates to the **Table of Contents** page.
3. Review the information displayed on the **Table of Contents** page.
 4. If you are ready to submit the application to HRSA, click the **Proceed to Submit Page** button at the bottom of the **Table of Contents** page.
 - The system navigates to the **Submit** page.
 5. Click the **Submit to HRSA** button at the bottom of the **Submit** page.
 - The system navigates to a confirmation page.

Notes:

- To submit an application, you must have the 'Submit' privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO) or designee.
- If you are not the AO, a **Submit to AO** button will be displayed at the bottom of the **Submit** page. Click the button to notify the AO that the application can be submitted to HRSA.

6. Answer the questions displayed under the Certifications and Acceptance section of the confirmation page and click the **Submit Application** button to finally submit the application to HRSA.